

613

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **17**

Registrar's No. \_\_\_\_\_

1. Place of Death: (a) County Apache (b) City or Town Rural (c) Location Milligan Valley  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 35 yrs; In Arizona 35 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Apache (c) City or Town St. Johns  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_ (e) Citizen of foreign country (Yes or No) no  
(f) If Yes, when country \_\_\_\_\_ (g) Special  
3. (a) FULL NAME Eugene Albert Waite (b) If Veteran name war not (c) Social Security No. 527-16-3201

4. Sex male 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental  
6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or wife Genevieve Waite  
6. (c) Age 36 yrs  
7. Birthdate of deceased Dec. 25 1899  
(Month) (Day) (Year)  
8. AGE: Years 45 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Remah, N. Mex  
(City, town or county) (State or Country)  
10. Usual Occupation Catapillar driver  
11. Industry or Business Lumber  
12. Name John Wm. Waite  
13. Birthplace Salt Lake City, Utah  
(City, town or county) (State or Country)  
14. Maiden Name Altheda Lambson  
15. Birthplace not known  
(City, town or county) (State or Country)

16. (a) Informant's own signature Albert S. Waite  
(b) Address St. Johns, Arizona  
17. (a) Burial, Cremation or Removal Burial  
(b) Place St. Johns (c) Date Mar. 15 1945  
18. (a) Embalmer's Signature Carl A. Anderson  
(b) Funeral Director St. Johns, Arizona  
(c) Address \_\_\_\_\_  
19. (a) Apr. 19-45 (Date received Local Registrar)  
(b) Echel Shreene (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar. 13 1945  
TIME (Hour and minute) 8:17 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Crushed chest, punctured lungs and fractured 2nd dorsal vertebrae.  
Due to Accident while logging  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: -

(a) Accident, suicide or homicide (specify) Accident  
(b) Date of occurrence Mar. 13, 1945 8:15 AM  
(c) Where did injury occur? Milligan Valley, Apache Co., Ariz.  
(City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While logging  
(Specify type of place)  
While at work? yes (e) Means of injury Crushed by Catapillar  
23. Signature H. E. McBride, M.D. Date signed 3-13-45  
Address Springerville, Ariz.